weeks; all 13 patients given prednisone had pronounced improvement in pain and swelling, while only 2 of 10 given a placebo had similar improvement. In an uncontrolled series, Kozin and colleagues used a higher dose of oral prednisone, 40 to 60 mg per day, initially, with a rapid decrease over two to four weeks; 70% to 80% of patients had a good to excellent response. Patients treated in the early stages of the disease and patients with abnormal bone scans responded more often. In this study, corticosteroids given systemically were much more effective than regional ganglionic blockade.

Many other modes of therapy have been proposed, including transcutaneous nerve stimulation, acupuncture and drugs—that is, β- and calcium channel-blockers and calcitonin—but reports are sparse and anecdotal. Their role in the treatment of RSDS remains unclear.

In summary, the therapy for RSDS is likely to be most successful when instituted early. Some patients with early RSDS may, however, have spontaneous resolution of their disease. Attempts to prevent the syndrome with early limb mobilization after trauma seem reasonable. Established disease, especially when coupled with a positive bone scan, may respond to systemic corticosteroid therapy. Regional or local sympathetic blockade may help some patients, although the benefit can be transient. The comparative benefits of regional or surgical sympathectomy versus corticosteroids given systemically are still unresolved; risk and cost considerations would seem to favor the use of corticosteroids.

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The Medical Pros and Cons of The Pill

LET US SUPPOSE that 10 million women in the United States take oral contraceptives in 1987, which is about the same number that took them in 1986. If that proves to be the case, then 1,070 women will have a heart attack or stroke because they take birth control pills, but 1,700 women will not have ovarian cancer because they take birth control pills. Benign tumors of the liver will develop in 300 women, but 2,000 women will not have endometrial cancer. Gallstones will develop in 860 women, but 3,500 women will not have ovarian retension cysts. Venous vascular disease will develop in roughly 7,200 women because they take birth control pills, but 11,500 women will not have ectopic pregnancies, 15,500 women will not have acute salpingitis and 23,500 women will not have benign breast disease because they take birth control pills.

—BARRY E. SCHWARZ, MD

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